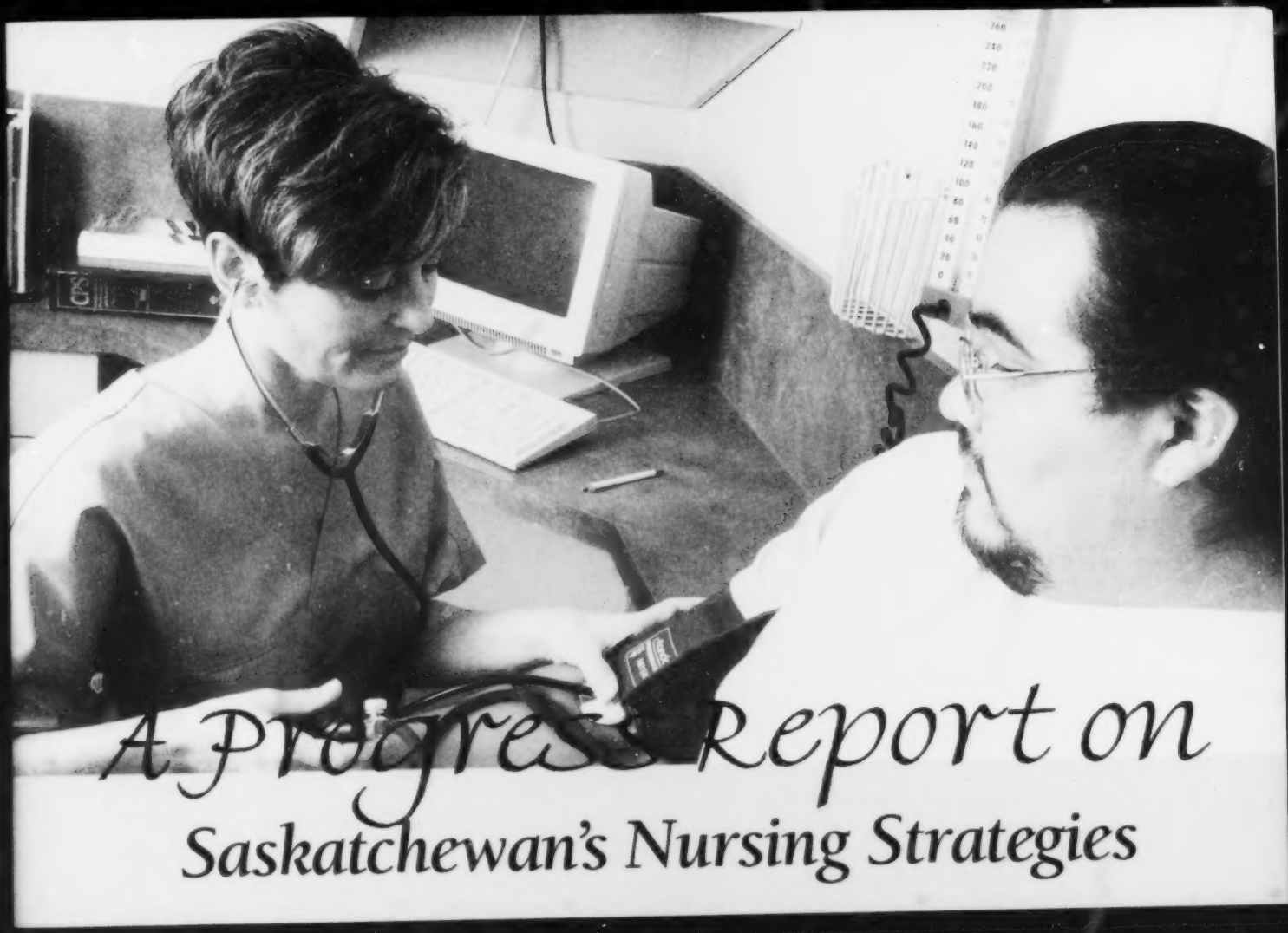
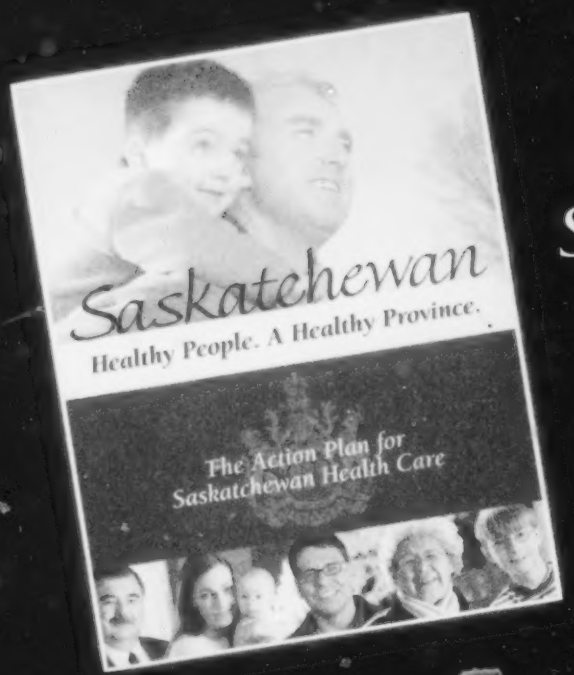


A Progress Report on Saskatchewan's Nursing Strategies



The Action Plan for Saskatchewan Health Care

Update July 2003

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A Progress Report on Saskatchewan's Nursing Strategies

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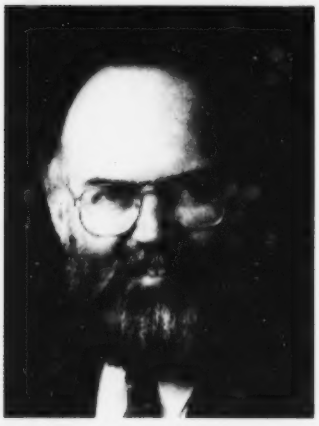
Acknowledgements

The Action Plan for Saskatchewan Health Care, and the ensuing strategies to retain, recruit and educate nurses, were developed with broad consultation and advice from health care professionals and organizations across the province.

The Saskatchewan Nursing Council and its working groups are key advisory bodies that Saskatchewan Health relies upon to ensure that the nursing strategies are evidence-based and address the specific needs of Saskatchewan nurses and the nursing professions. We would like to thank present and past members of the Nursing Council and its working groups for their time, expertise and commitment to nurses (see Appendix 4 for a list of current members of the Nursing Council and its working groups on Magnet Environments and Retention of Nurse Graduates).

Saskatchewan Health also appreciates the ongoing dialogue and collaborative work with key nursing and education partners throughout the development and implementation of the nursing strategies.

A Message from the Minister of Health



We are fortunate in Saskatchewan to have highly skilled nurses who are committed to providing the best possible care to their patients.

However, like many other jurisdictions, Saskatchewan has experienced shortages in some health professions – including nursing. Supporting, attracting, and developing health care personnel is one of the biggest challenges in our health care system. In December 2001, our government released a comprehensive plan, designed to strengthen and improve our publicly funded health care system. One of the key elements of this document – *The Action Plan for Saskatchewan Health Care* – was a health human resources strategy aimed at retaining and recruiting health providers and improving health workplaces in our province.

Since the release of the *Action Plan*, our government has worked hard to ensure these strategies are moving forward, and, as indicated by this progress report, much has been accomplished in the intervening months. At the same time, we also recognize that ensuring an adequate supply of health care providers is a long-term challenge that will only be achieved through a range of retention and recruitment strategies, sustained over time.

Our government is committed to improving the quality and accessibility of health services in our province. Our commitment to educate more nurses in the province is another important step in ensuring we have the nurses our health system needs. We will continue to work closely with our nursing sector partners as we follow through on our *Action Plan* commitments and strive to make Saskatchewan the most attractive place for nurses to stay and work.

John T. Nilson,Q.C.
Minister of Health

Introduction

Anyone who has come in contact with the health system, as a patient or in support of family or friends, can attest to the important contribution that nurses make in delivering quality care. As the largest group of health providers in the province, Saskatchewan's nurses provide expert front-line care, as well as administration, education, policy, and research, in diverse settings spanning the health system in all regions of our province.

A key ingredient for a high-quality health system is ensuring an adequate supply of nurses to meet the immediate and longer-term needs of our residents. In December 2001, the province released *The Action Plan for Saskatchewan Health Care*, a health care blueprint that included a province-wide health human resources strategy. The *Action Plan* recognizes that a broad range of complementary programs and initiatives are needed to keep the nurses we have, attract new people to the profession, and provide quality health workplaces where nurses can make full use of their knowledge, skills and education.

These strategies were developed with broad consultation and advice from health care professionals and organizations across the province, and the government continues to work closely with its health and education partners on the implementation of the *Action Plan*. Saskatchewan Health also collaborates with federal, provincial and territorial governments to ensure a co-ordinated national approach to nursing issues. The elements of our plan are consistent with *The Nursing Strategy for Canada*, issued by Ministers of Health in 2000 as the country's first nation-wide nursing strategy.

There has been considerable progress on the implementation of our health human resources strategies. This document looks specifically at the nursing profession – summarizing the progress we have made so far and outlining some future steps in support of our retention and recruitment efforts. It focuses on the four key strategies identified in the *Action Plan*:

1. Educating more nurses in Saskatchewan by adding new education seats.
2. Expanding bursary programs to nursing professionals.
3. Improving health workplaces by:
   - incorporating proven strategies into innovative, collaborative approaches to improving the workplace;
   - creating new opportunities for health providers to use the full range of their skills and education; and
   - expanding continuing education and professional development opportunities.
4. Supporting retention and recruitment by:
   - leading provincial retention and recruitment campaigns and supporting Regional Health Authority initiatives;
   - increasing opportunities for Aboriginal people in health-related occupations;
   - providing fair compensation to valued health providers; and
   - working with our partners to implement province-wide health human resources planning.

These strategies are producing positive results: for example, we know that 100 per cent of 2002 undergraduate bursary recipients and 97 per cent of re-entry bursary recipients remained in the province to pursue their nursing careers. But the challenges of a competitive job market, a restructured system, and an aging workforce remain. As we examine the current and future need for nurses, we must also consider the evolving role of nurses in our health care system. Nurses are taking on new roles – new legislation will give nurse practitioners the ability to provide basic

health services, including prescribing drugs and ordering diagnostic tests. Registered nurses (RNs) will staff a newly created telephone advice line, providing the public with a reliable and convenient source of health information. Licensed practical nurses are performing a wider range of duties – such as assessments and administering medications – that are within their education and scope of practice.

According to the Canadian Institute for Health Information, Saskatchewan has 808 employed registered nurses for every 100,000 residents – above the national average of 743[1]. Saskatchewan and the other western provinces have not used licensed practical nurses (LPNs) to the same extent as other Canadian jurisdictions. Consequently, the province has 151 employed LPNs per 100,000 residents – compared with the national average of 205[2]. British Columbia and Alberta have lower LPN ratios than Saskatchewan. Saskatchewan also has 103 registered psychiatric nurses (RPNs) per 100,000 residents, which is the highest ratio among the provinces where psychiatric nursing is a self-regulated profession, and above the western Canadian average of 54.1.

In order to determine future nursing resource needs and guide future decisions under the *Action Plan*, Saskatchewan Health and Saskatchewan Learning commissioned a labour market study by Doug Elliott of QED Information Systems. His report, "Labour Market Analysis: Saskatchewan Nursing", found that a significant gap will develop between the supply of and demand for nurses by 2012, and the system will require additional RNs/RPNs to meet future needs (see Appendix 1). With this evidence in hand, the government will increase capacity in the Nursing Education Program of Saskatchewan (NEPS) by 100 seats over the next three years, from 300 to 400. We will also increase capacity in the province's practical nursing programs at regional colleges and the Dumont Technical Institute (DTI) by 16 seats over the next two years, bringing the current capacity to 120. In addition, the Saskatchewan Indian Institute of Technologies (SIIT) plans to offer 16 practical nursing seats in Saskatchewan with funding from the federal government.

Adding nurse education seats is an important part of the solution to our nursing supply requirements. But it is only one part of the solution. We must ensure that our graduates have rewarding career opportunities within Saskatchewan. We must look outside our borders for nurses who have an interest in coming – or returning to – our province. And we must constantly look at how we can improve the workplace to support our nurses in providing top quality health care to our citizens.

Sources:
(1) Registered Nurses Database: Supply and Distribution of Registered Nurses in Canada, 2001, CIHI.
(2) Canada's Health Care Providers, 2001, CIHI.

A Progress Report on Saskatchewan's Nursing Strategies

-1- Educate More Nurses in Saskatchewan

Saskatchewan's nursing education programs play an essential role in preparing highly skilled, versatile and dedicated nurses for our health system.

We know that nurses who are educated in Saskatchewan are ready to make an immediate contribution in all sectors of the health system. We also know that nurses educated in the province are more likely to stay here, close to family, friends and the place they call home.

Recognizing the importance of home-grown nursing graduates, *The Action Plan for Saskatchewan Health Care* identified educating more health providers as one of the key strategies in increasing the supply of nurses in the province. The expansion of nursing education programs is also part of a national strategy to address nursing shortages right across Canada.

1. Educate More Nurses in Saskatchewan

Working with the Nursing Division, Saskatchewan Institute of Applied Science and Technology (SIAST) and the College of Nursing, University of Saskatchewan, we have also created options for students to fast-track their nursing degrees, so they are ready to enter the workforce sooner.

The province increased the number of seats in the NEPS and the practical nursing program in 2002-03 and will support increases in both programs in the future, based on the assessed need for new graduates.

NEW EDUCATION SEATS

In determining the nursing needs of our health system over the next five to 10 years, Saskatchewan Health and Saskatchewan Learning commissioned a labour market study by economist/statistician Doug Elliott.

Elliott's report, "Labour Market Analysis: Saskatchewan Nurses", looked at many of the factors that influence the supply of and demand for nurses in our province, including the age of the nursing workforce, the retirement age, current nursing vacancies, nurse migration trends, the number of nurses we are currently graduating, demographics trends, and changes in our health delivery system.

An analysis of Elliott's report concluded that in order to ensure an adequate supply of nurses, the NEPS should be expanded by 100 seats, while the practical nursing program should increase capacity by 16 seats.

As part of its commitment under the *Action Plan*, the government will increase capacity in the degree nursing program by 100 positions over the next three years. First-year capacity will increase by 25 in the 2003-04 academic year, followed by 40 seats in 2004, and another 35 in 2005. This will bring the first-year capacity in the Nursing Education Program of Saskatchewan to a minimum of 400 students each year by 2005. Staging the increases over three years will allow the NEPS to build its capacity to accommodate this program expansion.

Further, the capacity in the practical nursing program will increase by 16 seats over a two-year period. In addition, the Saskatchewan Indian Institute of Technologies (SIIT) plans to offer 16 seats in Saskatchewan with funding from the federal government.

NURSING EDUCATION PROGRAMS

- **Registered Nursing/Registered Psychiatric Nursing:** The nursing degree program is offered through the Nursing Education Program of Saskatchewan (NEPS). Most students attend the Nursing Division, SIAST for the first half of their training, and complete the second half at the College of Nursing, University of Saskatchewan. The First Nations University of Canada (formerly the Saskatchewan Indian Federated College) is now an academic partner in providing all four years of the NEPS at its Prince Albert campus. The NEPS was designed as a four-year degree program, but students in Regina and Saskatoon can now obtain their Bachelor of Science in Nursing degree in three or 3 1/2 years through a fast-track option. Note: the Registered Psychiatric Nurses Association of Saskatchewan has denied program approval of the NEPS. Government is collaborating with the Association and educational partners to address this.

...cont'd

1. Educate More Nurses in Saskatchewan.

NURSING EDUCATION PROGRAMS...cont'd

- **Practical Nursing:** Practical nursing education is delivered by the Nursing Division, SIAST at the Wascana campus in Regina and Woodland campus in Prince Albert. Various regional colleges and Dumont Technical Institute also offer the program through a brokerage agreement with SIAST. Graduates of the 14-month program receive a certificate in Practical Nursing. The Saskatchewan Indian Institute of Technology also plans to deliver a practical nursing program.

- **Primary Care Nursing:** SIAST and the First Nations University of Canada offer primary care nurse practitioner programs. These programs permit RNs to receive advanced education in health promotion and prevention, diagnosing illness, ordering diagnostic tests and prescribing medications.

- **Nursing Re-entry:** SIAST offers a re-entry education program for registered nurses, registered psychiatric nurses and licensed practical nurses. The program prepares previously licensed nurses to re-enter the nursing profession.

ACTIONS:

To ensure there is an appropriate number of nurse graduates entering the workforce each year, nurse education programs have been expanded and new education programs have been developed. These programs are designed to increase Aboriginal participation in the nursing workforce and to recognize the evolving role of nurses in areas like primary care and community nursing.

- Since 1999, the number of funded seats in the Nursing Education Program of Saskatchewan has increased from 180 to 300, an increase of more than 65 per cent.

- The most recent increase in capacity occurred in the 2002-03 academic year, when 40 new seats were added to the NEPS. These seats are being offered through the First Nations University of Canada campus in Prince Albert.

- Further capacity increases in the nursing degree program will see the addition of 100 seats over three years, bringing the student intake to a minimum of 400 by 2005-06. Following this three-year expansion, the number of nursing seats will have increased by over 120 per cent since 1997. Once these increases have been fully implemented, the increased annual cost will be approximately $4.4 million.

- The development of a Bachelor of Science in Nursing (BSN) second degree program is being explored. This option would enable students who already have a university degree in another field to reduce the time required to earn their Bachelor's degree in nursing (meaning that they will be adding to the provincial nursing supply all that much sooner).

1. Educate More Nurses in Saskatchewan

- Students in the four-year nursing degree program in Regina and Saskatoon are now eligible to fast-track their education and complete the program requirements in three or 3 1/2 years. The Saskatchewan Registered Nurses' Association (SRNA) was a significant partner in the development of this fast-track option.

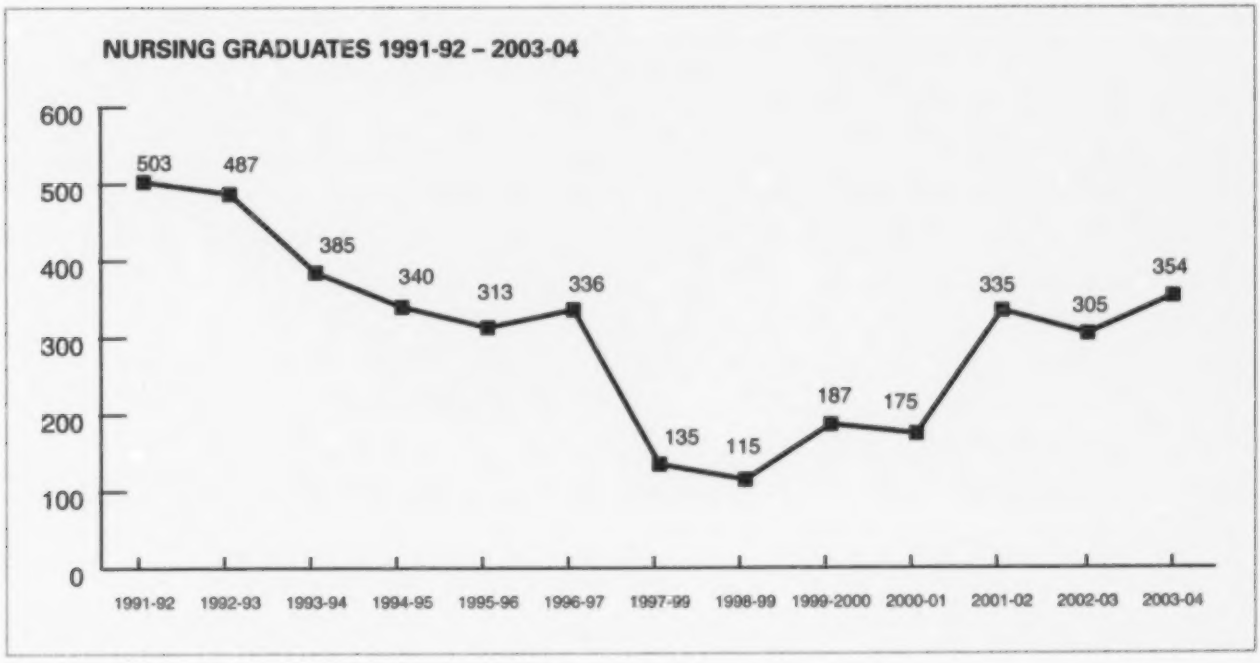
- Access to the Nursing Education Program of Saskatchewan has been enhanced through distance delivery. As of June 30, 2003, the entire first year of the program (theory courses, not clinical experiences) is available by distance education.

- Government is working to address the needs of the Registered Psychiatric Nurses Association of Saskatchewan after the Association denied program approval of the NEPS.

- The number of seats in the practical nursing program offered through SIAST, regional colleges and the Dumont Technical Institute (DTI) has significantly increased in recent years.

- In April 2003, the DTI, in partnership with SIAST, began offering the practical nursing program in Saskatoon, creating new opportunities for Aboriginal students looking for a career in nursing. Ten of the first 16 students who entered the program were of Aboriginal ancestry.

- Capacity in the practical nursing program delivered by SIAST, DTI and the regional colleges will increase by 16 seats over the next two years. The SIIT plans to offer an additional 16 seats, which will be funded by the federal government.



1. Educate More Nurses in Saskatchewan.

SASKATCHEWAN NURSING GRADUATES 1991-92 – 2003-04*

Year	Two-Year Nursing Diploma (RN and RPN)**	Nursing Degree	Practical Nursing Program	Total Nursing Graduates
1991-92	390	65	48	503
1992-93	357	69	61	487
1993-94	326	28	31	385
1994-95	253	60	27	340
1995-96	210	75	28	313
1996-97	214	63	59	336
1997-98	50	52	33	135
1998-99	17	57	41	115
1999-00	0**	129	58	187
2000-01	0**	108	67	175
2001-02	3	192	140	335
2002-03	-	197	108***	305
2003-04	-	234***	120***	354***

Source: SIAST Planning, Research and Development; Saskatchewan Learning
* Does not include re-entry program graduates.
** The diploma nurse option was discontinued in 2000.
*** Estimated

- The nursing re-entry program for RNs, RPNs or LPNs who have left the profession and must upgrade their training to resume practice has grown significantly, with the introduction of a Saskatchewan Health re-entry bursary. There were 56 students enrolled in re-entry programs in 2002-03, compared with 14 in 1998-99.

STUDENTS ENROLLED IN THE NURSING RE-ENTRY PROGRAMS 1998-99 – 2002-03

Program	1998-99	1999-00	2000-01	2001-02	2002-03
Registered Nursing	5	30	23	18	29
Psychiatric Nursing	2	7	5	7	11
Practical Nursing	9	4	9	20	16
Total	14	41	37	45	56

Source: SIAST Planning, Research and Development

1. Educate More Nurses in Saskatchewan

RESULTS:

Recent expansions in the province's nurse education programs are generating more nursing graduates and more health care providers working in Saskatchewan communities.

In 2002-03, 305 RN, RPN and LPN new graduates entered the workforce, compared with approximately 175 in 2000-01. Approximately 354 RN, RPN, and LPN graduates are expected in 2003-04.

Our nursing graduates are moving directly from the classroom into the Saskatchewan workforce. In April and May 2003, 96 registered nursing graduates, 58 licensed practical nursing graduates and one registered psychiatric nurse – for a total of 155 new grads – started new jobs with Saskatchewan health authorities.

A two-year follow-up survey of the Nursing Education Program of Saskatchewan graduates from the class of 2000 revealed that 88 per cent of respondents found their first nursing job in Saskatchewan, while 93 per cent were satisfied or very satisfied with nursing as a career.

Approximately 42 per cent of the NEPS students who graduated in 2001 were part of the fast-track streams. In 2002-03, 61 per cent were pursuing one of the accelerated degree options.

In the spring of 2003, there were 124 Aboriginal students enrolled throughout the four years in the Nursing Education Program of Saskatchewan. The NEPS has been recognized as a national leader in facilitating the participation of Aboriginal students in nursing degree programs.

The number of practical nursing graduates has doubled in the past three years. In 1999-2000, there were 58 graduates from the practical nursing program. That number climbed to 140 in 2001-02. There are 108 graduates anticipated in 2002-03.

FUTURE RNs ON A FAST TRACK: SASKATCHEWAN NEPS 2003-04

Track (Completion Date)	Saskatoon	Regina	Total
Regular-Track (April 2004)	49	53	102
Fast-Track (December 2003)	41	31	72
Accelerated Fast-Track (September 2003)	34	26	60
Total	**124**	**110**	**234**

Source: Nursing Education Program of Saskatchewan - Report to the SRNA Annual General Meeting, May 2003

-2-
Expand Bursary Programs

Bursary programs have proven to be a successful way of retaining graduates in nursing, medical and other hard-to-recruit professions. Not only are bursaries assisting students who wish to begin, advance, or resume careers in health care, they are encouraging graduates to make full use of their skills and education at home in Saskatchewan through return-service commitments. Most significantly, bursaries are helping to address retention and recruitment challenges in our publicly funded health system.

Saskatchewan Health nursing bursaries are available for students studying to become a registered nurse, registered psychiatric nurse, licensed practical nurse or primary care nurse practitioner. Programs include an undergraduate nursing certificate or degree bursaries for those just starting out; specialized professional bursaries for graduate nurses who want to teach in a Saskatchewan

2. Expand Bursary Programs

post-secondary institution; re-entry bursaries for nurses returning to the workforce; and post-basic bursaries for registered nurses completing a primary care nurse practitioner program. Saskatchewan bursaries have a return-service commitment, which means nursing students will get help with their tuition cost in exchange for a commitment to work in Saskatchewan's publicly funded system.

Nursing bursaries are a highly successful retention and recruitment strategy. Of the 55 RN and LPN bursary recipients who graduated in September to December of 2002, 100 per cent are now working within Saskatchewan Regional Health Authorities. The retention rate among nursing re-entry bursary recipients who completed their program is 97 per cent.

Saskatchewan nursing bursaries are developing and nurturing local people, and keeping them in our province. They are also increasing the supply of needed health providers, and helping to ensure that these professionals know they are valued and appreciated for their contribution to health care.

ACTIONS:

As part of the retention and recruitment strategy outlined in *The Action Plan for Saskatchewan Health Care*, the province has expanded bursary programs for nurses.

- In 2000-01, the province introduced nursing re-entry bursaries to help previously licensed nurses to get the education they need to return to work. Re-entry bursaries are offered to nurses who have let their licence lapse and are taking a nursing re-entry program in order to return to the Saskatchewan workforce as registered nurses, registered psychiatric nurses or licensed practical nurses. From 2000-01 to 2002-03, 165 students received a total of $305,000 in nursing re-entry bursaries.

- In 2002-03, the province introduced a new program of undergraduate nursing bursaries for Saskatchewan nursing students studying to become registered nurses, registered psychiatric nurses or licensed practical nurses in Saskatchewan. For the 2002-03 school year, 155 students received $465,000 in undergraduate bursaries. This included both one-year and two-year bursaries.

NURSING BURSARY PROGRAMS

- **Undergraduate Nursing** - for students studying to become Registered Nurses, Registered Psychiatric Nurses or Licensed Practical Nurses.
- **Nursing Re-entry** - for nurses returning to the workforce as Registered Nurses, Registered Psychiatric Nurses or Licensed Practical Nurses.
- **Primary Care Nurse Practitioner** - for practising nurses studying to become nurse practitioners.
- **Specialized Professional** - for nursing students in graduate studies wanting to teach in a post-secondary educational institution.

Visit www.health.gov.sk.ca and click on Bursaries for more information.

2. Expand Bursary Programs

- In 2002-03, the province introduced primary care nurse practitioner bursaries for nurses studying to become nurse practitioners in Saskatchewan. For the 2002-03 school year, nine students received $70,000 in nurse practitioner bursaries.

- For 2003-04, the province introduced the specialized professional bursary program for graduate nursing students who commit to teach in a post-secondary educational institution in Saskatchewan.

- Saskatchewan bursaries have a return-service commitment, which means nursing students will get help with their tuition cost in exchange for a commitment to work in the publicly funded system in Saskatchewan. Today, for example, bursary recipients agree to work two years in Regina or Saskatoon, or one year in another Saskatchewan community, in return for one year of bursary assistance.

RESULTS:

Since 2000-01, Saskatchewan Health's bursary programs for nurses have expanded in order to meet the needs of our health care system. These bursaries assist students who want to pursue, advance or resume a rewarding career in nursing. They are also an investment in Saskatchewan's future because they are offered to students who agree to work in our publicly funded health system after graduation.

Nursing bursaries are an important, and highly effective, part of the retention and recruitment strategies outlined in *The Action Plan for Saskatchewan Health Care*. They are helping students with the cost of their studies, and inviting nursing graduates to pursue a rewarding career here at home. The province will continue to invest in return-service bursaries as we work to ensure the long-range sustainability of our health workforce.

NUMBER OF NURSING BURSARIES SINCE 2000-01

NURSING PROGRAM	YEAR							
	2000-2001		2001-2002		2002-2003		2003-2004	
	No.	$$	No.	$$	No.	$$	No.	$$
Nursing Re-Entry	92	$ 169,920	39	$ 73,200	34	$ 61,320	35*	$ 62,533*
Undergraduate					155	$ 465,000	165*	$ 495,000*
Nurse Practitioner					9	$ 70,000	15*	$ 150,000*
Specialized Nurse							7*	$ 70,000*
TOTAL	**92**	**$ 169,920**	**39**	**$ 73,200**	**198**	**$ 596,320**	**222***	**$ 777,533***

*Figures for 2003-04 are yet to be confirmed, and are estimates only.

-3-
Improve Health Workplaces

Creating quality workplaces is a key component of the retention and recruitment efforts outlined in *The Action Plan for Saskatchewan Health Care*. We want to keep the nurses we have in Saskatchewan, and attract new nurses to our publicly funded health system.

There is no single answer to improving the quality of worklife for nurses, given the diversity of the nursing workforce and the complexity of workplace issues. There are, however, proven strategies for creating "magnet" environments – workplaces that successfully keep and attract staff.

As outlined in the *Action Plan*, creating quality workplaces is the result of co-operation, partnership and clear communication. More specifically, it means improving morale and increasing job satisfaction for nurses, ensuring they can make full use of their skills, and offering

support for continuing education and professional development opportunities.

Increasing job satisfaction for nurses, ensuring opportunities for them to work in collaborative environments and use all of their knowledge and skills, and supporting their education and professional development: these are important strategies being developed and promoted across the province to create a workplace that is more attractive and fulfilling for our nurses, and to improve the quality of care.

JOB SATISFACTION

ACTIONS:

The *Action Plan* recognizes that job satisfaction is key to keeping and attracting health care providers.

- Since the establishment of the Saskatchewan Nursing Council three years ago, a total of $860,000 has been provided for projects related to quality workplaces, nursing workforce casualization and the retention of nursing graduates. The Nursing Council has a Magnet Environments Working Group to explore and develop strategies to address the issues around quality workplaces for nurses, and a Retention of Nurse Graduates Working Group to explore and develop strategies to address the issues around retaining nursing graduates in the province.

- The Quality Workplace Program was developed and initiatives have been implemented by the Saskatchewan Registered Nurses' Association (SRNA) in three pilot sites in the province: Moose Jaw Union Hospital, Saskatoon Parkridge Centre, and Unity and District Health Centre. A guiding principle of the Quality Workplace Program is shared decision-making among frontline staff and management. Saskatchewan Health provided $60,000 in funding to each of the three pilot sites, and funding to the SRNA for the development and implementation of the Quality Workplace Program.

- Saskatchewan Health provided an additional $160,000 to the SRNA in 2002-03, and $100,000 in 2003-04, to run the program. New pilot sites have been added, and include Swift Current (recently completed), Weyburn, La Ronge and Prince Albert.

RESULTS:

The evaluation of the pilot sites released in June 2003 found improvements in people's perceptions about the quality of their workplace. Most of the people interviewed felt more positive about themselves, their co-workers, and their environments. Overall, morale improved where the Quality Workplace Program had been implemented.

In addition, Regional Health Authorities (RHAs), in their 2002-03 health human resources plans, identified a variety of initiatives they have in place to promote quality workplaces. Many of these initiatives refer to nursing staff (see Appendix 2). RHAs have also identified retention and recruitment strategies they have in place, specifically those addressing the nursing professions (see Chapter 4).

In January 2003, Saskatchewan Health sponsored "Achieving High Quality Workplaces", an educational event provided via satellite for 600 employees in the health system. Participants learned about the building blocks and heard from presenters about the challenges and opportunities in implementing quality workplaces. Dr. Graham Lowe, a nationally recognized researcher and speaker on quality workplaces, gave the keynote address.

3. Improve Health Workplaces

Videotapes are being prepared for distribution to workplaces in the health system.

SCOPE OF NURSING PRACTICE

ACTIONS:

The *Action Plan* supports teamwork in the workplace and calls for new opportunities for nurses to use their full range of knowledge and skills. The scope of nursing practice has evolved over time in response to changing health care needs, and when providers' skills are not used to the fullest, we may be missing opportunities or wasting valuable resources.

- There is significant variation in LPN utilization across the province, with many employers developing new opportunities for LPNs to work to their full scope of practice. Employers have also been reviewing, and in some cases implementing, new initiatives for RNs and RPNs to work to their full scope of practice.

- The *Action Plan* called for the establishment of primary health care networks. These networks include teamwork by LPNs, RPNs and RNs. Working within their applicable legislated and regulated scope of practice, RNs, RPNs and LPNs together determine how best to meet the needs of health care clients.

- Nurse practitioners will be key members of primary health care teams. Legislation covering this group was proclaimed in 2003. The new role of the nurse practitioner within the primary health care teams includes:
  - providing health education and illness prevention;
  - assessing and counselling clients;
  - assessing, diagnosing and treating clients with common illness and clients with stable chronic conditions; and
  - playing a significant role in co-ordination of client services, monitoring and follow-up, developing programs and assessing individual and community health needs.

- The *Action Plan* also called for a telephone health advice line to provide easy access to professional health advice for all Saskatchewan residents. RNs will play a key role in the province's new *HealthLine* as the first point of contact for the public. Using approved protocols, *HealthLine*'s RNs will provide information and advice to callers to facilitate access to the most appropriate source of treatment, such as self-care, a visit to a physician, or a hospital emergency room. *HealthLine* nurses are required to have five years of experience, and will generally have worked in acute, emergency and/or ambulatory care settings. In addition, they are required to be competent in assessment and communication and to have computer skills.

RESULTS:

Teamwork in the workplace means that RNs, RPNs and LPNs work within their applicable legislated and regulated scope of practice to determine, together with other providers and management, how best to meet the needs of health care clients. Within nursing teams there are areas of shared competencies and overlapping roles. Full utilization of all nursing staff creates new opportunities by acknowledging that nursing is a combination of acquired knowledge, skills and judgment, not solely a list of tasks.

Primary health care teams are an excellent example of teamwork that is being supported across Saskatchewan. In addition to the 23 teams of physicians, primary care nurses and other health professionals currently located throughout the province, Regional Health Authorities are developing strategies for broader networks of primary health care

providers. All nurses will continue to be key members of these networks.

SUPPORT CONTINUING EDUCATION AND DEVELOPMENT OPPORTUNITIES

ACTIONS:

The Action Plan calls for support for continuing education and professional development of health care workers.

- In 2002-03, a professional development strategy options paper for the province was developed, and $1.25 million was directed to the Regional Health Authorities (RHAs) and the Saskatchewan Cancer Agency for a co-ordinated approach to continuing education and development for staff.

- Several SIAST Nursing Division programs have Prior Learning Assessment and Recognition (PLAR) options, including the primary care nurse practitioner program and the registered nursing, registered psychiatric nursing, and practical nursing re-entry programs. PLAR mechanisms are also in place, or being developed, for diploma nurses entering the post-registration BSN program in the University of Saskatchewan's College of Nursing.

RESULTS:

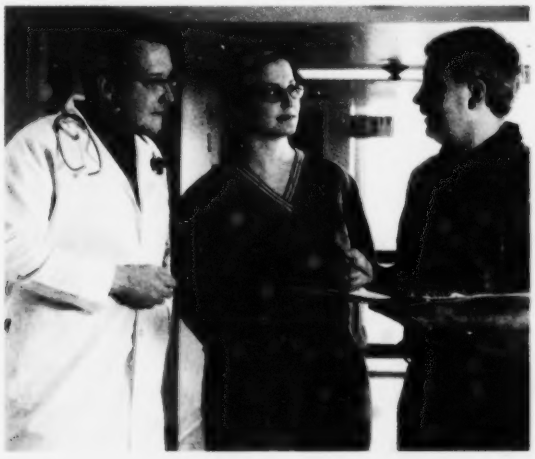
Through consultation with partners and Regional Health Authorities, the initial targets chosen for continuing education and development were clinical education, specialized training and leadership development. The details of each of these initiatives will be determined over the coming months. Nurses will be one group of professionals to benefit from these initiatives.

Not only does continuing education add to the overall skill level, which in turn leads to improved services, but professional development also helps keep and attract providers through recognition of the need to increase expertise and opportunities to expand responsibilities.

-4-
Support Retention and Recruitment

The Action Plan for Saskatchewan Health Care outlines the significant challenge the province faces when it comes to retaining and recruiting health care providers for our publicly funded health system. Meeting the challenge requires a variety of solutions.

In the nursing sector, these solutions mean improved, and unprecedented collaboration and co-ordination with our health partners. They mean ongoing, innovative and collaborative retention and recruitment activities, both within our province and beyond. And they mean developing a representative workforce. Only a very small proportion of our health workforce comes from First Nations or Métis populations. Within the next 30 years, about one-fifth of the Saskatchewan population will be of Aboriginal heritage. This growing sector is an important resource as we work to meet the future needs for health providers.



4. Support Retention and Recruitment

RETENTION AND RECRUITMENT ACTIVITIES

The *Action Plan* calls for co-ordination of retention, recruitment and training strategies. A number of key actions have been set in motion that will lay the groundwork for collaborative health human resources planning.

ACTIONS:

- Saskatchewan Health's "I Choose Saskatchewan" recruitment campaign has appeared in newsletters, newspapers and other publications where the message would be effective and relevant (educational institutions and health provider publications, for example). Campaign goals are to:
  - encourage health care workers to stay in/come to Saskatchewan;
  - communicate the value of our health care professionals.
- Regional Health Authorities (RHAs) are implementing a number of retention and recruitment strategies for nurses.
  - RHA retention strategies include:
    - providing support for continuing education and development
    - offering tuition reimbursement and employee loans
    - conducting employee surveys
    - encouraging staff participation in decision-making
    - creating full-time float pools
    - addressing quality of worklife issues
    - creating multi-skilled positions
  - RHA recruitment strategies include:
    - working with Immigration Canada (HRDC)
    - advertising nationally and off-shore
    - offering return-service bursaries and signing bonuses
    - providing housing/rental assistance
    - attending recruitment fairs (in and out of province)
    - using flexible hiring policies
    - offering full-time jobs for new graduates
    - promoting health occupations (e.g. in high schools)
    - participating in Adopt-a-Student programs
    - contacting students in training
- The province has developed health human resources planning guidelines with the Regional Health Authorities and the Saskatchewan Cancer Agency (SCA). The guidelines will serve as a foundation for building future strategies and initiatives.
- Saskatchewan Health is working with Saskatchewan Government Relations and Aboriginal Affairs and a variety of nursing partners (including employers, regulatory bodies, unions and educators) to identify the need for expansion of the Saskatchewan Immigrant Nominee Program (SINP) to include the nursing professions.
- There is support for the development and implementation of nursing research. Examples include research into the effects of mentorship programs and nursing turnover.
- Health human resources performance expectations and indicators have been developed and will form the basis of accountability frameworks to clarify the performance relationships between major third parties such as Regional Health Authorities (RHAs) and the province.

4. Support Retention and Recruitment

- The Saskatchewan Academic Health Sciences Network, a partnership involving the Saskatoon and Regina Qu'Appelle Health Regions, the University of Saskatchewan (including the College of Nursing), and Saskatchewan Health and Saskatchewan Learning, is part of the province's co-ordinated health human resources planning, and has as a first priority the recruitment of health professionals.

RESULTS:

When taken together, these strategies are resulting in improved retention and recruitment among nurses in Saskatchewan.

REPRESENTATIVE WORKFORCE

The province wants to build opportunities for full participation by Aboriginal peoples, and strives to recruit Aboriginal candidates into a wide range of health-related occupations. At this stage, only a very small proportion of Saskatchewan's health workforce comes from our growing First Nations and Métis populations. More is being done to encourage Aboriginal participation in health care careers such as nursing.

The three components of the *Action Plan's* representative workforce strategy are: recruiting Aboriginal candidates into health-related occupations; enhancing educational programs; and continuing to invest in cultural awareness training in workplaces.

ACTIONS:

- Saskatchewan Health has been working with Saskatchewan Government Relations and Aboriginal Affairs, Saskatchewan Association of Health Organizations (SAHO) and the Regional Health Authorities to develop representative workforces. Strategies undertaken to date include RHA representative workforce agreements and Aboriginal awareness training in health regions.

- The retention and recruitment of Aboriginal students in nursing education programs is being aided by the expansion of 40 nursing seats in Prince Albert.

- The retention and recruitment of Aboriginal students in nursing education programs has also been facilitated through the expansion of the Native Access Program for Nursing (NAPN) to Regina in 2002. The NAPN supports Aboriginal students enrolled in nursing programs in Regina and Saskatoon. It offers advice and tutoring to help students deal with issues such as academic challenges, childcare concerns, housing, and funding. A similar level of support is provided to NEPS students in Prince Albert.

- The Northern Health Sciences Access Program was initiated in 2001. It is a one-year program designed to academically prepare Aboriginal and northern students for careers in nursing and other health sciences programs.

- The summer employment program in the northern health regions, the Northern Health Sciences Access Program, and the new northern NEPS site in Prince Albert, will increase Aboriginal participation in the health workforce.

- The Health Sector Partnership Steering Committee collaborates with health employers, government, unions, educational institutions and the Aboriginal community to identify, develop and implement strategies that address representative workforce education and employment needs.

4. Support Retention and Recruitment

- There are a variety of initiatives to support Aboriginal students in the health disciplines, including the Northern Access to Nursing Program and the 'nursing career pathways' initiative.

- The Canadian Union of Public Employees (CUPE) and the Saskatchewan Union of Nurses (SUN) have signed separate tripartite agreements with Saskatchewan Government Relations and Aboriginal Affairs and the Saskatchewan Association of Health Organizations (SAHO).

- A first-ever workshop that includes the post-secondary nursing education community of the First Nations University of Canada, SIAST and the University of Saskatchewan will be held in the fall of 2003. The one-day workshop will focus on Aboriginal student success strategies.

RESULTS:

In spring 2003, there were 124 Aboriginal students enrolled throughout the four years in the NEPS. This is approximately nine per cent of the students enrolled in the NEPS. The NEPS has been recognized as a national leader in facilitating the participation of Aboriginal students in nursing degree programs.

In April of 2003, there were 53 Aboriginal students enrolled in the practical nursing program out of a total of 213 enrolled practical nursing students (25 per cent).

The province is moving toward a representative workforce in the publicly funded health care system. It is anticipated that all Regional Health Authorities will sign Representative Workforce Agreements by fall 2003. In 2002-03, $300,000 was allocated to support Aboriginal awareness training in the health system. Further funding will be designated for the coming year.

Aboriginal students pursuing a career in the health system are also being encouraged. The Northern Health Sciences Access Program in Prince Albert enrolled 27 students in September 2001. Nineteen students completed the program in 2001; 12 of the 19 went on to enter the NEPS. The program had an intake of 35 students in September of 2002.

COMPETITIVE WAGES

Compensation levels cannot be overlooked when examining the factors that affect nurse retention and recruitment. While salary levels are only one consideration for nurses when they are deciding where to establish their home and their nursing career, they are nevertheless a consideration. The province recognized the need to provide salaries and benefits that are competitive with other Canadian jurisdictions. The last round of collective bargaining provided significant salary increases for nurses, putting them on competitive terms with neighbouring provinces. The collective agreement with the Saskatchewan Union of Nurses included funding in support of pay equity, and pay equity is currently being negotiated with unions representing licensed practical nurses.

ACTIONS:

- Health sector unions and employers have been involved in joint job evaluation processes aimed at removing inequity and gender bias in jobs across the health sector.

- The province added $74 million to the 2003-04 Health budget to cover the incremental cost of collective agreements for health care providers. Over 70 per cent of

payments to Regional Health Authorities support health provider compensation.

- Under the current collective agreement, most RNs and RPNs are seeing a 20 per cent wage increase over three years, making it the highest increase for Saskatchewan nurses since the early 1980s.

RESULTS:

Retaining and recruiting nurses is a challenge in a market with strong competition from the United States and other provinces. Competitive wages and the implementation of pay equity are helping to keep our nurses here at home in Saskatchewan.

WORKING WITH PARTNERS

The *Action Plan* recognizes the need for co-operation, partnership and clear communication to address the challenges facing our health system. The province is committed to working with our nursing sector partners, and involving nurses in decision-making on issues that affect them, their profession and their clients.

ACTIONS:

- Key initiatives include the establishment of the Principal Nursing Advisor position and a Provincial Nursing Council. The Nursing Council has a Magnet Environments Working Group to explore and develop strategies to address the issues around quality workplaces for nurses. The Retention of Nurse Graduates Working Group explores and develops strategies to address the issues around retaining nursing graduates in the province.

- Forums for advice, consultation and planning at the provincial, western and national levels are ongoing.

- Inter-provincial collaboration with other western Canadian provinces through the Western Health Human Resources Forum. Through this forum, western provincial and territorial ministries of health and advanced education explore opportunities for co-ordinated planning and joint initiatives in the area of health human resources. Current areas of focus are: inter-provincial education; forecasting; scope of practice, competencies, credentials; and clinical education models and placement.

RESULTS:

There have been improved, and unprecedented, collaboration and co-ordination with our health partners on health human resources strategies. By working together, we are contributing to the long-range sustainability of our nursing workforce.

A Progress Report on Saskatchewan's Nursing Strategies

Appendices

Appendix 1
Summary of Labour Market Analysis: Saskatchewan Nursing

Appendix 2
Quality Workplace Initiatives Identified By Saskatchewan RHAs That May Impact Nursing

Appendix 3
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Appendix 4
Nursing Council Members

Summary

In 1999, the provincial departments of Health and Post-Secondary Education and Skills Training contracted with QED Information Systems Inc. to prepare a labour market analysis of the nursing profession in Saskatchewan. That report, titled Labour Market Analysis: Saskatchewan Nursing, was published in October 1999.

This report is primarily an update of that study extending and expanding on the research. In particular, this report extends the labour market analysis of the nursing profession to 2002 for most data series. It also provides additional information that was not available in the earlier study and focusses more attention on information about the demand for nurses over the medium term.

The research, as with the previous study, was conducted by Doug Elliott from QED Information Systems Inc., a Saskatchewan based consulting firm and the publisher of Sask Trends Monitor.

The previous study found that the demographic profile of those in the Saskatchewan nursing profession was such that the supply of nurses would decline in the short to medium term. It also identified ways in which the workplace could change to improve retention and recruitment. Subsequent to that research, the capacity of the province's post-secondary institutions was increased to enable more education of nurses.

This study finds that most of the changes identified in the previous work have taken place. In particular:

- the number of nursing graduates from the Nursing Education Program of Saskatchewan and the number of practical nursing graduates has increased;
- more nurses are working full-time and there is a decline in the proportion who are working part-time because they could not find full-time work;
- the retention rate in the profession has increased, particularly among older nurses; and
- inter-provincial out-migration of nurses has slowed.

The demographics of those working in the profession, however, is a relentless and overwhelming force. The peak of the age distribution for Saskatchewan nurses has moved to the 45 to 49 age group and the bulge in the age distribution is steadily moving toward the average retirement age of 60. Further efforts at retention, recruitment, and education will be required to meet the future demand for nurses in the province.

Although there is a variety of statistics about the nursing profession in this report, the balance of this executive summary deals with the factors described above.

Basic Counts

1. After remaining stable through much of the 1990s, the number of RNs registered and employed in nursing dropped by 300 between 2000 and 2002.

   The number of RPNs, in contrast, has been declining throughout the 1990s and the decline continued into 2001 and 2002.

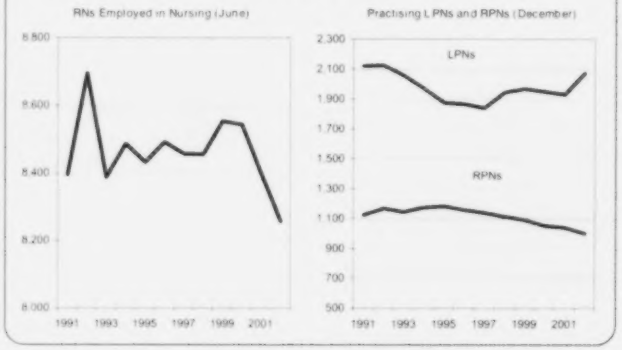
   After declining sharply in the early 1990s, the number of LPNs has been increasing since 1997 with a particularly large increase in 2002.

   While fluctuating during the 1990s, the mix of RNs, RPNs, and LPNs within the nursing profession has not changed significantly.

2. Compared with the national average, the province has an above-average number of RNs and RPNs per capita and a below-average number of LPNs per capita. Over time, the per capita number of RNs has been relatively stable in Saskatchewan whereas it has dropped in Canada as a whole.

   (Reference: Section 2.1 through 2.3)

Figure 1: Basic Counts of Nurses Registered and Employed in Nursing, Saskatchewan, 1991 to 2002



Graduates

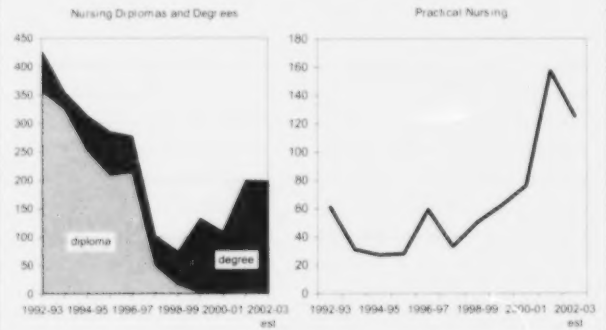
3. The number of nursing program graduates has recovered from the low reached in the late 1990s. With new capacity in the NEPS program, the number of graduates who immediately enter the labour force is expected to increase to 240 per year over the next five years, returning to the level last seen in 1996-97.

4. The number of practical nursing graduates was less than 50 throughout much of the 1990s but has recently increased with the introduction of brokered programs in regional colleges and the Dumont Technical Institute. The introduction of brokered programs will mean that the education of practical nurses will be more responsive to demand in the coming years.

5. By 2002-03, the total number of nurses (RNs, RPNs, and LPNs) educated in Saskatchewan and adding to the supply is estimated at 360.

(Reference: Section 3.1)

Figure 2: Graduates from Saskatchewan Post-Secondary Nursing Programs (excluding Masters Degrees and Post-Registration Degree Programs)



Age Distributions

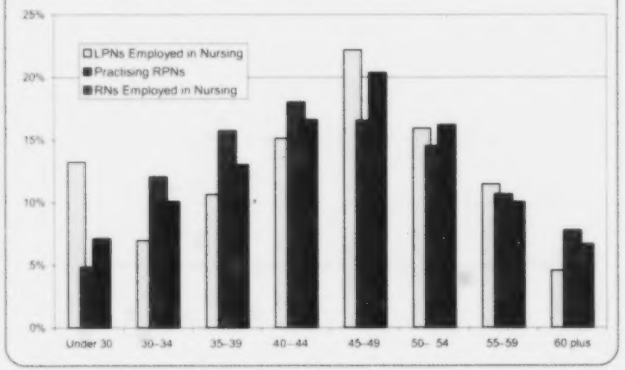
6. The peak of the age distribution for RNs is in the 45 to 49 age group. Over the past ten years, there has been a consistent decline in the proportion of RNs in younger age groups and a consistent increase among those in older age groups. In 2002, 33% of RNs employed in nursing were 50 years of age or older and 17% were under 35 years of age.

RPNs are somewhat younger, on average, than RNs but there is a significant proportion who are 60 years of age or older.

The peak of the age distribution for LPNs is also in the 45 to 49 age group but, compared with RNs and RPNs, more are under 30 years of age and fewer are 60 or older.

(Reference: Section 3.3)

Figure 3: Age Distribution of RNs, RPNs, and LPNs, Saskatchewan, 2002



Retention Rates

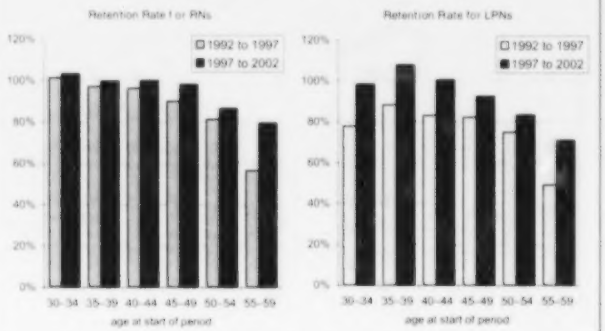
Retention rates are the key determinant in forecasting the future supply of nurses in the province.

7. In the last five years, there have been steady increase in the retention rates for RNs and LPNs (data not available for RPNs). The increase has occurred in almost all of the age groups but is more pronounced among those over the age of 50. Retention rates for LPNs, while generally lower than for RNs, have increased more substantially.

8. While no reliable historical data are available for retirement ages, the patterns evident in Canada suggest that 58 is the average retirement age for Saskatchewan nurses. The limited information available from SAHO suggests that the average retirement age among Saskatchewan RNs is currently at or near 60 years of age. Both data sources show a decline in the average retirement age over time.

(Reference: Section 3.3)

Figure 4: Five Year Net Retention Rates
(percent relative to five years earlier and five years younger)



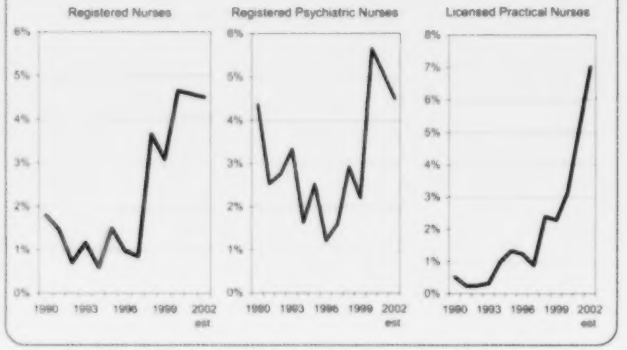
Unemployment and Vacancy Rates

9. Administrative data from the Employment Insurance program indicates that there is virtually no stock of "unemployed" nurses in Saskatchewan.

10. Vacancy rates have risen significantly in all three professional groups. There are an estimated 565 vacancies in 2002 of which 370 are for RNs.

(Reference: Sections 3.4 and 4.4)

Figure 5: Vacancy Rates for Saskatchewan Nurses



Hours of Work

Available data on hours of work varies in quality.

11. According to the Statistics Canada monthly Labour Force Survey, the proportion of RNs/RPNs who are working full time has increased in the past five years. The proportion who report that they are working part-time because they cannot find full-time work has declined.

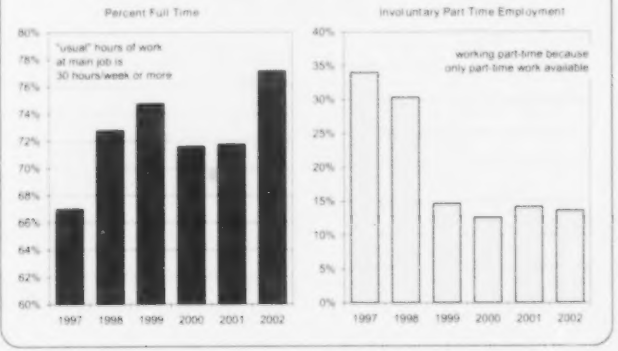
    The same survey found an increasing proportion of RNs/RPNs working long (more than 40) hours and a SUN survey of membership found a general aversion of overtime and extra hours for part-time and casual staff.

12. The 2001 census reported that 59% of RNs/RPNs worked throughout 2000 on a full-time basis compared with 50% in 1995 and 46% in 1990. According to the same source, 52% of LPNs worked throughout 2000 on a full-time basis compared with 54% in 1995 and 44% in 1990.

13. The level of overtime paid (for all staff) has risen to 2.3% of payroll in hospitals and 1.2% of payroll in long term care facilities. Both were under 1% in the early 1990s.

    (Reference: Section 3.5)

Figure 6: Hours of Work
(persons in the Labour Force Survey who report main job is Registered Nurse)



Inter-Provincial Migration

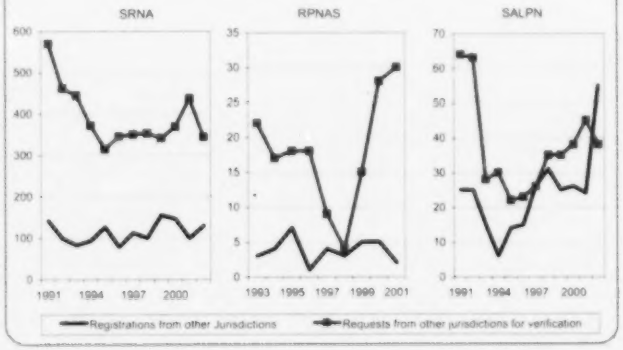
No definitive data on the extent of inter-provincial migration was available for the analysis.

14. Administrative data from the organizations suggest that, among RNs and LPNs, the rate of out-migration to other provinces has dropped from the high levels in the early 1990s and may have stabilized. Among RPNs, it appears to be increasing. SALPN is recording an increasing number of registrations for LPNs from other jurisdictions.

15. There is evidence of a slowdown in the number of Saskatchewan nurses migrating to Alberta. The number of Saskatchewan nursing graduates working in Alberta continues to increase but the growth may be related to the general out migration rather than to a particular propensity among nurses to leave the province.

    (Reference: Section 3.6)

Figure 7: Requests for Verification from Other Jurisdictions Compared with Registrations from other Jurisdictions



Wage Rates and Earnings

16. Wage rates and earnings for RNs, RPNs, and LPNs are growing more quickly than the provincial average and more quickly than the rate of inflation.

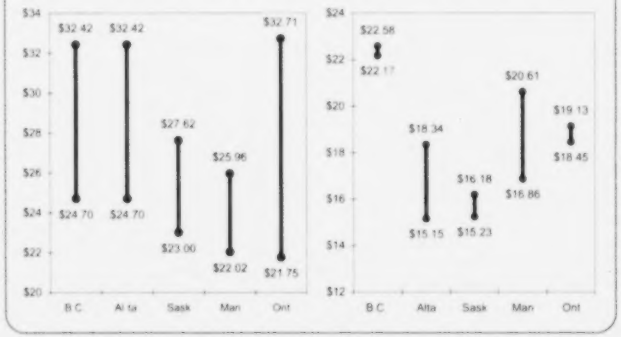
17. There is still a differential between starting and top rates for unionized RNs in Saskatchewan when compared with Alberta and British Columbia (but not with Manitoba).

18. Total earnings are affected by both the pay rate and the hours worked. Among full-time, full-year workers, Saskatchewan RNs earn 4% less than the national average and 4% less than RNs in Alberta. Because of the prevalence of part-time work in Alberta, however, the average Saskatchewan RNs earned more than the average Alberta RN in 2000.

19. Wage rate scales for in-scope LPNs are higher in Manitoba and B.C. than in Saskatchewan. The differential with Alberta is small.

(Reference: Section 4.3)

Figure 9: Collective Agreement Hourly Wage Rates as of March, 2003



Projected Supply

20. Three scenarios are developed for each of the three nursing professions based on a predicted number of graduates entering the professions. The scenarios represent three possibilities for how retention rates could unfold in the next ten years. The "medium" retention rate scenario is viewed as the most likely.

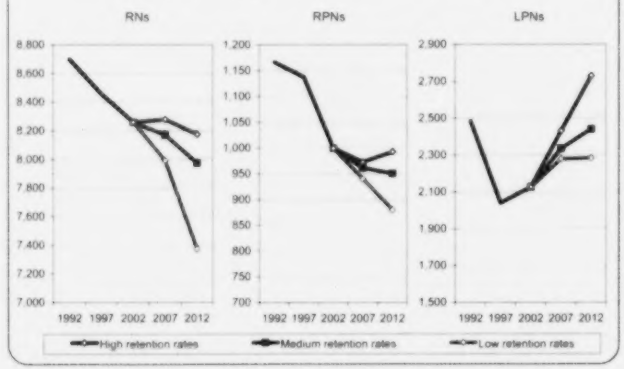
21. In two of the three scenarios for RNs, the available supply declines from the 2002 level. In the medium retention scenario, the supply drops by 18 RNs per year for the first five years of the forecast period and by 39 per year for the second five years. In the high retention rate scenario, the supply is effectively constant, dropping by an average of only eight per year. While not formally part of the forecast, the supply will drop quickly after 2012 because of a large number of RNs over the age of sixty.

22. For RPNs, there is also a declining supply in two of the three scenarios. In the medium retention rate scenario, the supply drops by an average of five RPNs per year over the next ten years.

23. For LPNs, there is an increasing supply in all three scenarios. In the medium retention rate scenario, the supply increases by 42 per year for the first five years of the forecast period and by 21 per year for the second five years. The future supply of LPNs is highly influenced by demand because the education of new practical nurses is largely driven by demand.

(Reference: Section 3.7)

Figure 10: Actual and Projected Supply of Nurses, Three Scenarios



Projected Demand

Projecting demand for nursing services is difficult because the labour market is highly dependent upon the funding of health services, the scope of practise for the professions, and the delivery model for services. These factors are influenced by governments as well as by the labour market.

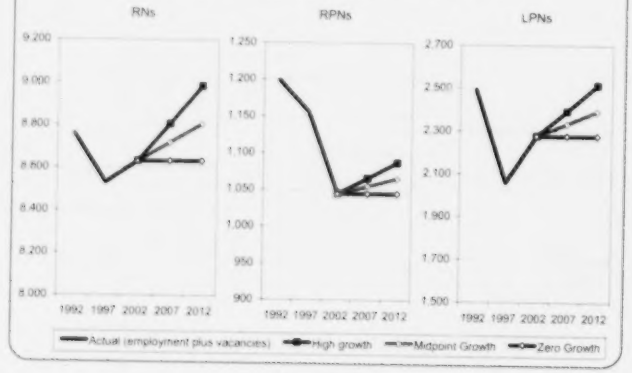
24. Three plausible scenarios for demand are developed for each of the three professions. They represent one view of how a combination of factors including scope of practise, changes in the province's demographics, the delivery of health services, and changes in health status and patient acuity will unfold in the next ten years. The "midpoint" growth rate is viewed as the most likely.

25. The midpoint growth rate of 0.2% per year for RNs yields a total of 8,800. For RPNs, similar growth in demand would reverse the decline evident in the past ten years.

26. For LPNs, there is an increasing supply in all three scenarios. In the midpoint growth rate scenario, the demand increases to 2,390 in 2012, still below the level in 1992.

(Reference: Section 4.6)

Figure 11: Actual and Projected Demand for Nurses, Three Scenarios



Gap Between Supply and Demand

27. The difference between supply and demand (currently manifest as vacancies) increases for RNs and RPNs under most combinations of supply and demand scenarios. In particular, the medium retention rate scenario for supply and the midpoint growth rate for demand leads to a gap of 830 RNs by 2012 compared with the current estimate of 370. The gap for RPNs is 140 in 2012 compared with the current level of 45.

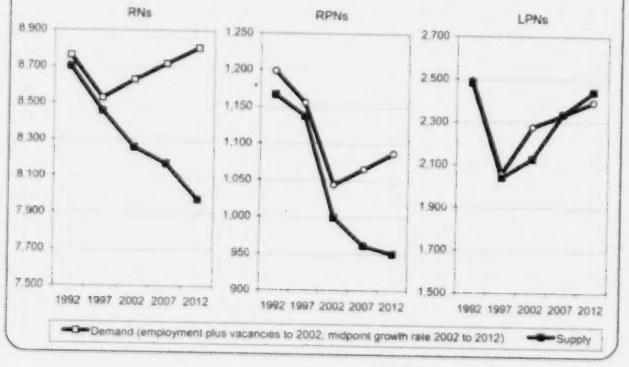
28. Under this set of circumstances and depending on the rate of growth in demand, reducing the RN/RPN gap to an assumed level of 170 (150 RNs and 20 RPNs) would require an additional supply (or reduced demand) of 60 to 80 new RNs/RPNs per year for the next ten years.

29. Because of the increasing supply of LPNs and the fact that LPN education is largely driven by demand, no significant widening of the gap between supply and demand is foreseen for LPNs. The forecasted supply under the medium retention scenario is sufficient to meet the anticipated increase in demand.

30. A combination of retention, recruitment, and education strategies will be required to deal with the short and long term aspects of the RN/RPN gap.

(Reference: Section 5)

Figure 12: Actual and Projected Supply and Demand for Nurses, Midpoint Demand Scenario and Medium Retention Scenario



Appendix 2

QUALITY WORKPLACE INITIATIVES IDENTIFIED BY SASKATCHEWAN RHAs THAT MAY IMPACT NURSING

ORGANIZATIONAL SUPPORT

- Employee family assistance program
- Collective agreements promote union-management relationship
- Create a family-friendly work environment
- Support for best practices
- Framework for healthy workplace model
- Provide healthy workplace promotion grants; workplace wellness fund
- Participate in magnet environments projects
- Promote employees from within RHA
- Create a fun, respectful workplace
- Union involved in workplace change
- Promote teamwork/collaboration

EMPLOYEE INVOLVEMENT

- Two-way communication
- Seek employee input
- Communicate to employees
- Frontline staff involvement on committees

EMPLOYEE RECOGNITION

- Employee recognition program
- Long-service recognition
- Staff appreciation events
- Staff functions, e.g. Sunday Funday, Christmas party
- Employee social committee
- Employee grants, e.g. purchase computers
- Appreciation letters to outstanding employees (identified by co-workers)

HUMAN RESOURCES POLICIES

- Policies that foster quality work environment, e.g. support for workplace wellness and labour relations
- Retention specialist in HR department
- Strengthening disability/attendance management initiatives
- Decrease underemployment/appropriate reliance on casual employment
- Staffing standards committee
- Quality workplace committee
- Encourage staff volunteerism, e.g. Teddy Bear Bash

THE NATURE OF THE WORK

- Review staff mix and workload
- Utilize professionals to full scope of training
- Allow for flex time
- Employee input into scheduling
- Manageable workloads
- Control over professional practice
- Job enrichment

LEADERSHIP

- Provide quality leadership
- Support managers, e.g. on-going educational opportunities
- Manager orientation program
- Leadership development
- Performance management appraisal tools
- Worklife balance training for managers
- Training on collective agreements
- Conflict resolution

Appendix 2

EDUCATION

- Partner with educational institutions/programs
- General orientation to region and facility/program
- Specific nursing orientation
- Time Off - Mentoring program
- Time Off - Team development
- Time Off - Staff development
- Clinical/program skill development
- Continuing education funding
- Scholarship fund for employees

HEALTH AND SAFETY

- Healthy workplace coordinator/workplace wellness facilitator
- Workplace wellness committees
- Job safety analysis
- Health and safety training
- Health and safety policies
- Promote healthy lifestyle habits/active living
- Work/family wellness seminars
- Immunization programs
- Risk management programs

ASSESS EMPLOYEE NEEDS, SURVEYS

- Health in workplace
- Job satisfaction; balancing work and life
- Staff morale survey

Appendix 3

CONTACT INFORMATION

Saskatchewan Health

Carolyn Hoffman, Principal Nursing Advisor
Saskatchewan Health
3475 Albert Street
Regina, SK S4S 6X6
Ph: 306 787-7195

Saskatchewan Learning

John Biss, Executive Director
University Services
3rd Floor
2220 - College Avenue
Regina, SK S4P 3V7
Ph: 306 787-5900

SASKATCHEWAN RN ASSOCIATION

Donna Brunskill, RN, Executive Director
Saskatchewan Registered Nurses' Association
2066 Retallack Street
Regina, Saskatchewan
Phone: 306 359-4200
Toll Free: 1-800-667-9945- etc. 243

RPN
REGISTERED PSYCHIATRIC NURSES ASSOCIATION OF SASKATCHEWAN

Bob Allen, Executive Director
Registered Psychiatric Nurses
Association of Saskatchewan
2055 Lorne St.
Regina, SK S4P 2M4
Ph: 306 586-4617
www.rpnas.com

S·A·L·P·N

Chris Bailey, Executive Director
Sask. Assoc. of Licensed Practical Nurses
Ph: 306 525-1436

NEPS
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Diana Davidson Dick, Dean
Nursing Division, SIAST
1130 Idylwyld Drive North
Box 1520
Saskatoon, SK S7K 3R5
Ph: 306 933-8439

NEPS Kelsey Campus, Saskatoon 306 933-8056
NEPS Wascana Campus, Regina 306 798-8040
Practical Nursing 306 798-9794 or 1-800-667-7730
Continuing Nursing Education Programs 306 798-3560
or 1-800-667-7730

U.S.C.N.

Dr. Beth Horsburgh, Dean
College of Nursing
University of Saskatchewan
107 Wiggins Road
Saskatoon SK S7N 5E5
Ph: 306 966-6221

FIRST NATIONS UNIVERSITY OF CANADA

Joyce Desjarlais, Assistant Dean Health Sciences
First Nations University of Canada
Northern Campus
1301 Central Avenue
Prince Albert, SK S6V 4W1
Ph: 306 765-3263

Appendix 4

NURSING COUNCIL MEMBERS

Donna Brunskill
Executive Director
Saskatchewan Registered Nurses' Association

Bob Allen
Executive Director
Registered Psychiatric Nurses Association of Saskatchewan

Chris Bailey
Executive Director/Registrar
Saskatchewan Association of Licensed Practical Nurses

Louise Simard
President/CEO
Saskatchewan Association of Health Organizations

David Fan
CEO
Prairie North Regional Health Authority

Jean Morrison
Senior Vice President Nursing and Health Services
Saskatoon Regional Health Authority

Dr. Beth Horsburgh
Dean, College of Nursing
University of Saskatchewan

Diana Davidson Dick
Dean of Nursing
SIAST, Kelsey Campus

Rose Isbister
Canadian Union of Public Employees

Don Kitchen
Service Employees International Union, Local 33

Rosalee Longmoore
President
Saskatchewan Union of Nurses

Joyce Desjarlais
Assistant Dean of Health Sciences
Department of Community Development and
Health Sciences
First Nations University of Canada - Northern Campus

Karen Zemlak
Saskatchewan Government and General Employees Union

Debi Balkwill
SIAST Practical Nursing Student

Kerri Stevenson
Northern Students Rep
Nursing Education Program of Saskatchewan

Naomi Schellenberg
Southern Students Rep
Nursing Education Program of Saskatchewan

John Biss
Executive Director
University Services Branch
Saskatchewan Learning

Glenda Yeates – Chair
Deputy Minister
Saskatchewan Health

Carolyn Hoffman, Principal Nursing Advisor
Saskatchewan Health

Kelly Kummerfield, Executive Director
Health Human Resource Planning Branch
Saskatchewan Health

Dianne Anderson
Health Human Resource Planning Branch
Saskatchewan Health

Appendix 4

Joanne Hader
Health Human Resource Planning Branch
Saskatchewan Health

MAGNET ENVIRONMENTS WORKING GROUP

Barbara Walls-Nini
Saskatchewan Registered Nurses' Association

Nancy Uncles
Faculty NEPS, Nursing Division
SIAST, Wascana Campus

Carla Bolen
Manager, Mental Health Promotion
Mental Health and Addictions Services
Regina Qu'Appelle Regional Health Authority

Charlene Sarafin
Saskatchewan Association of
Licensed Practical Nurses

Tanya Dunn Pierce
Research Officer
Health Quality Council

Gaye Holliday
Director, Workplace Health and Safety Services
SAHO

Renée Holowaty
Nursing student

Carolyn Hoffman, Principal Nursing Advisor
Saskatchewan Health

Kelly Kummerfield, Executive Director
Health Human Resource Planning Branch
Saskatchewan Health

Dianne Anderson
Health Human Resource Planning Branch
Saskatchewan Health

Joanne Hader
Health Human Resource Planning Branch
Saskatchewan Health

RETENTION OF NURSE GRADUATES WORKING GROUP

Norma Wildeman
Program Head, NEPS
SIAST, Wascana Campus

Jean Morrison
Senior Vice President Nursing and Health Services
Saskatoon Regional Health Authority

Taryn Lenzen
Nursing student

Mary MacDonald
College of Nursing
University of Saskatchewan

Shirley McKay
Registrar
Saskatchewan Registered Nurses' Association

John Mitchell
Nursing graduate

Carolyn Hoffman, Principal Nursing Advisor
Saskatchewan Health

Joanne Hader
Health Human Resource Planning Branch
Saskatchewan Health

Saskatchewan

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Saskatchewan Health
3475 Albert Street
Regina, Saskatchewan, Canada
S4S 6X6

1-800-667-7766

www.health.gov.sk.ca